

**ACCIDENT - IDENTIFICATION CARD**

*(THIS FORM IS SUBJECT TO THE  
PRIVACY ACT OF 1974 - SEE REVERSE)*

Any correspondence regarding accident  
should be addressed to:

MAKE REFERENCE TO

**DATE OF ACCIDENT**

**MAKE AND TYPE OF VEHICLE**

**REGISTRATION NO.**

**DRIVER** *(Last name - first name - middle initial)*

**SSN**

**GRADE**

**ORGANIZATION**

**DD Form 518, OCT 78 (EG)** PREVIOUS EDITION  
IS OBSOLETE.  
Designed using Perform Pro, WHS/DIOR, Dec 94

**PRIVACY ACT STATEMENT**

**AUTHORITY:** Sec 638a, Title 31, USC and EO  
9397.

**PRINCIPAL PURPOSE:** To provide persons  
involved in an accident with a DoD owned/leased  
vehicle the identity of the person with the  
authority to act on the matter.

**ROUTINE USES:** Placed in each vehicle for  
purpose stated above. When a DoD vehicle is  
involved in an accident, the driver provides the  
other party(s) with a properly executed DD Form  
518. The SSN is requested because of similarity of  
names, to further identify the driver of the DoD  
vehicle.

**DISCLOSURE IS VOLUNTARY:** No disciplin-  
ary action is taken in cases where the SSN is not  
provided.

**DD Form 518 Reverse, OCT 78**